

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028041

STATE FILE NUMBER

53707-58  
FILED AUG 13 1958

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

31

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE</b>		c. CITY OR TOWN <b>1070 HIGHWAY 80</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ELMS CLINIC</b>		d. STREET ADDRESS (If outside give location) <b>NEAR MTN. GROVE</b>	
Length of stay in lb <b>ONE HR.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Brenda</b> Middle <b>Webb</b> Last <b>Webb</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>24</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 24-1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>✓</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>4</b> Days <b>4</b> Hours <b>4</b> Min <b>4</b> IF UNDER 24 HRS. <b>4</b>
11a. BIRTHPLACE (City and state or country) <b>Mtn Grove, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CARSON D. Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Joyce E. Blunt</b>	
14. NAME OF HUSBAND OR WIFE <b>✓</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>NO</b>	
16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT <b>CARSON WEBB</b> Address <b>MTN. GROVE MO</b>	
18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Prematurity</b> DUE TO (b) <b>Miscarriage</b> DUE TO (c) <b>Multiple Pregnancy (Twins)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Polyhydramnios</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7735</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>7:27 A.</b> Month, Day, Year <b>July 24, 1958</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>WRIGHT Co. MO.</b>		20g. COUNTY <b>WRIGHT Co. MO.</b>	
20h. STATE <b>MO.</b>		21. I attended the deceased from <b>July 24, 1958</b> to <b>July 24, 1958</b> and last saw her alive on <b>July 24 - 1958</b> Death occurred at <b>7:27 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Richard E. Mithem</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Mtn. Grove, Mo</b>	
22c. DATE SIGNED <b>8-2-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>JULY 14-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT GROVE</b>	
23d. LOCATION (City, town, or county) <b>WRIGHT Co. MO.</b>		23e. STATE <b>MO.</b>	
24. FUNERAL DIRECTOR <b>R. Barber</b> ADDRESS <b>Mtn. Grove</b>		25. DATE RECD. BY LOCAL REG. <b>8-4-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Bernice L. Silverman</b>		27. DATE SIGNED <b>8-2-58</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.